Arkansas Department of Education 21st Century Community Learning Centers 2019-2020 Grant Application

Organization Details

Organization Name: _____

DUNS Number: _____

Tax ID: _____

Mailing Address: _____

Physical Address: _____

Name of Superintendent or CEO: _____

Phone Number: _____

Email: _____

Person Completing Application

Name of Person Completing Application: _____

Title/Position: _____

Phone Number: _____

Email: _____

Program Site Location Details

If the organization is awarded a 21st CCLC grant, where will the program be located?

Name of Location: _____

Physical Address: _____

City: _____

Zip Code: _____

Grade Levels To Be Served: _____

Student Population To Be Served

21st CCLC programs must serve students from a school that has a minimum free and reduced lunch rate of at least 40% for the prior school year (2018-19). List the name of the school that the program will serve.

Name of School District: _____

Name of Specific School: _____

City: _____

Section 1: Target Population

Provide a description of the student population to be served by the program. The description should provide a clear picture of the youth and their challenges.

_____

_____

_____

Section 2: Academic Need

Provide a summary of applicable student achievement data that supports the academic need of youth identified as the target population.

_____
_____
_____

Section 3: Student & Family Needs

Conduct needs assessment surveys to determine the needs of youth and families in the community. Describe the methodology for conducting the needs assessments (who, what, when, where, how many). Explain the findings of the needs assessment surveys. Place a blank copy of the survey in the appendix.

_____
_____
_____

Section 4: Program Facility

Describe the facility where the program will be located, including the location of the facility within the community and its accessibility for all students. Describe how the program space will be conducive to the services and curriculum offered by the program.

_____
_____
_____

Section 5: Transportation

Describe how transportation will be provided for students attending the program.

_____
_____
_____

Section 6: Program Operation Schedule

List the specific times the program will be open each day (i.e., 3:00-5:30).

	Before School	After School
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

TOTAL PROGRAMMING HOURS PER WEEK   _____

Section 7: Academic Activities

In a **bulleted list**, name and describe the specific academic activities the program will provide to support students in meeting the challenging academic state standards.

_____
_____
_____

Section 8: Arts Education Activities

In a **bulleted list**, name and describe the specific activities related to the arts that the program will provide for all students.

_____
_____
_____

Section 9: Physical Education Activities

In a **bulleted list**, name and describe the specific activities related to physical education that the program will provide for all students.

_____
_____
_____

Section 10: Social/Emotional Wellness Activities

In a **bulleted list**, name and describe the specific activities the program will provide to develop the social and emotional wellness of all students.

_____
_____
_____

Section 11: Career Orientation Activities

In a **bulleted list**, name and describe the specific activities related to career orientation the program will provide for all students.

_____
_____
_____

Section 12: Technology Activities

In a **bulleted list**, name and describe the specific activities the program will provide to improve the technology skills of all students.

_____
_____
_____

Section 13: Student Leadership Activities

In a **bulleted list**, name and describe the specific activities the program will provide to develop the leadership skills of all students.

_____
_____
_____

Section 14: Family Engagement Activities

In a **bulleted list**, name and describe the specific activities the program will provide to offer parents meaningful engagement in their child's education, including opportunities for literacy related educational development.

_____
_____
_____

Section 15: Additional Activities

In a **bulleted list**, name and describe any additional program activities that will be offered to meet the needs of the targeted student population.

_____
_____
_____

Section 16: Communication

Describe how information about the program will be disseminated to the community and how students will be recruited for the program.

_____
_____
_____

Section 17: Monitoring Academic Progress

Describe how student academic progress will be measured while attending the program. Include the tools to be used for measuring progress in math and literacy and how often progress will be measured.

_____
_____
_____

Section 18: Student Safety

Describe how the program will ensure a safe environment for students and families. Include the procedures for secure entry and exit of students daily, supervision of students, emergency plans (fire, tornado, etc.) and medical emergencies.

_____
_____
_____

Section 19: Sustainability

Provide a preliminary plan for how the program might be sustained beyond the grant period.

_____
_____
_____

Forms to be Uploaded:
- Statement of Assurance
- Blank Copy of Needs Assessment Surveys
- Public Notice of Grant Application
- Prior Year Audit Report
- Supplement Not Supplant (All Applicants)
- Joint Application Description (Joint Applicants Only)